

## **INSTRUCTIONS**

1. **OPERATED BY:** Enter the name and code\* of the railroad primarily responsible for operating the locomotive at the time the report is placed in the locomotive. Operator changes, including dates, shall be noted in "Remarks".
2. **OWNER:** Enter the name and code\* of the owner. Changes in ownership shall be submitted as final reports.
3. **MODEL NO.:** Enter the original builder's model number.
4. **LOCOMOTIVE NO.:** Enter only the locomotive number. Include letters only if they are part of the locomotive markings. If the locomotive number is changed, include the information at the top of the form.
5. **YEAR BUILT:** Enter the year the locomotive was built or rebuilt.
6. **PROPELLED BY:** Enter Diesel-Electric (D-E), Electric (E), Mu, Mu Control Cab (MUC), Non-Mu Control Cab (NMUC), Turbo (T), Torque Converter (TC), Other (O).
7. **HORSEPOWER:** Enter horsepower rating.
8. **TYPE OF SERVICE:** Enter type of service the locomotive is assigned to when the report is placed in the locomotive.
9. Enter steam generator number(s) and safe working pressure(s).
10. Enter maximum piston travel. Enter only "Nominal" travel and do not include Manufacturers Tolerance. Also include type of AIR BRAKE.
11. Enter number of creditable calendar days the locomotive was out-of-use. Less than 30 consecutive calendar days for any out-of-use period may not be counted. Any entry "out-of-use from \_\_\_\_\_ to \_\_\_\_\_" shall be made on an inspection line and certified when a locomotive is not in use when an inspection would otherwise be due. If the locomotive is out-of-use at the end of the reporting period, complete the "To" entry with the last day of the period. The entry on the replacement report should then record the "From" as the beginning of the new period.
12. **LAST PERIODIC INSPECTION AND TESTS:** This report covers annual periods (January 1 to December 31). The report of the preceding annual period shall be retained in the locomotive until the first periodic inspection is made after January 1 of each year or until the form is replaced as required by Section 229.23(e). When a new form 6180.49A is placed in the locomotive, enter the last periodic inspection information onto the new form in item 12 and the test information in item 24. Tests that are not applicable should be noted "NA".  
**INSPECTIONS AND TESTS:** Persons making the required tests and periodic inspections shall sign for the items tested or inspected. The employee's supervisor shall certify that the tests and inspections were completed.  
**TESTS:** Where the carrier has chosen to fragment air brake cleaning, repairing and testing required by Sections 229.27 & 29, an air record shall be maintained in the cab of the locomotive.
18. **H&H:** Enter test pressure from the hydrostatic test. If reservoirs are drilled; enter word "Drilled".  
\* **CODE:** Carriers shall enter only the code assigned by FRA to their railroad.
19. Any waivers of any type from a requirement of 49 CFR Part 229 shall be identified in block No. 19 by its waiver number or by the section number affected. Explanatory information regarding the scope and content of the waiver shall be included under "Remarks".
20. Any waiver from any FRA requirement other than a requirement of 49 CFR Part 229 shall be identified in block No.20 by its waiver number or by the part and section number affected. Explanatory information regarding the scope and content of the waiver shall be included under "Remarks".
21. Under Tests (AIR BRAKE 229.29) Fill in the number of calendar days subject air brake equipment is subjected to cleaning, repairing and testing.  
**REPAIRS:** Defects not properly repaired.

**NOISE:** Enter any noise tests or related information in accordance with 49 CFR 210.31.

**REMARKS:** The carriers should enter under "Remarks" any other clarifying or explanatory information.

Public reporting burden for this information collection is estimated to average two minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0004**.